

Johnhoward.mb.ca

T: 204-775-1514 F: 204-775-1670

E: office@johnhoward.mb.ca

583 Ellice Avenue Winnipeg, Manitoba R3B 1Z7

Bail Navigator Program Referral Form

(First Name) Date of Birth:	(Middle Name)	(Last Name)
(Year/Month/Day) Current Institution Location:		
Pending Charges:		
Ineligibility check list:		
A history of repeated offences Active gang membership Sexual assault charges A prior conviction involving violence against an intimate partner Arson charges Repeated convictions of drug trafficking An indictable offence committed while they were released on bail for another indictable offence	or restricted firear to steal a firearm, or making an auto Indictable offences or other weapons subject to a weapo A serious offence i use of a weapon w	on of a loaded prohibited m, breaking and entering robbery to steal a firearm, matic firearm salleged to involve firearm where the accused is ons prohibition order nvolving violence and the where the accused was ed of an offence with the
Lawyer Name:		
Phone Number(s):		
Email:		
Articling Student Name:		
Phone Number(s):		
Email:		

Email or fax this form to Julie Nyman along with a **signed consent form** for release of information, a **current CPIC**, and a **Police Report**.

Email: jnyman@johnhoward.mb.ca | Fax: 204-775-1670

Consent to Release of Information

Client Name:		
First Name	Middle Name	Last Name
DOB:	_	
and receive my personal inform personal history, medical history and/or to send referrals on my b of case planning and program in X JHSM Program Researcher X Lawyer	ation regarding my case play, criminal history or currer behalf with the following no nvolvement. All information	nt criminal justice involvement, sted collaterals for the sole purposes in shared will be as applicable.
☐ Parole Officer		
☐ Probation Officer X Other: Crown Attorney X Other: JHSM Manager		
. 6	sonal information will be sto	ored and secured in a locked office to
Personal information <i>will not</i> be Manitoba without your written	•	de of the John Howard Society of
 When there is reason to belie When there is reason to belie When there is a suspicion of a 	ve that you may be a dange	r to other people.
information shared will be pertiagreement you acknowledge that	nent and limited to the pur at you have read the agreen nderstand you are providin	nent in full, or that all information g your informed consent in regards
Client Name (please print)	Client Signatu	re
Program Caseworker Name (ple	ease print) Program Casev	 worker Signature